initiated in 1992. The pulse polio initiative aimed at eradication of Polio by 2000 was initiated in 1996.

The International Conference on Population and Development (ICPD) held in Cairo, 1994 led to launch of Reproductive and Child Health (RCH) Programme in 1997. RCH gave a holistic approach to the whole family welfare programme.

As a result of various programmes Crude Birth Rate (CBR) has reduced from 40.8 in 1951 to 26.4 in 1998, IMR has reduced from 146 in 1951 to 72 in 1998, Couple Protection Rate went up from 10.4% in 1971 to 44% in 1999, Crude Death Rate (CDR) has reduced from 25 in 1951 to 9.0 in 1998 and Total Fertility Rate (TFR) has reduced from 6.0 in 1951 to 3.3 in 1997.

(c) The National Population Policy, 2000 has now been approved by the Government. It takes note of all earlier consultations. The National Population Policy seeks to put in place a multi-sectoral agenda for population stabilisation which includes increasing outreach and coverage of reproductive and child health care services, strengthening of health infrastructure, meeting the unmet needs for contraception services, and converging of integrated service delivery at village and house-hold levels.

Stabilising population is perceived also as a function of extending primary and secondary education, improving access to safe drinking water, sanitation housing, and building roads, and providing transport and communication.

New National Population Policy

968. SHRI GURUDAS DAS GUPTA:
DR. GOPALRAO VITHALRAO PATIL:
SHRI GAYA SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have approved a new National Population Policy; and

(b) if so, the salient features thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) The National Population Policy was approved by the Government, during February, 2000. The Policy seeks to put in place a multi sectoral agenda for population stabilistion which includes increasing out-reach and coverage of reproductive and child health care services, strenthening of health infrastructure, meeting the unmet needs for contraception services, and converging of integrated service delivery at village' and house-hold levels.

Stabilising population is perceived also as a function of extending primary and secondary education, improving access to Safe drinking water, sanitation housing, and building roads, and providing transport and communication.

Spurious mineral Water Supply

969. SHRI GAYA SINGH:
SHRI GURUDAS DAS GUPTA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that most of the brands of bottled drinking water, labelled as mineral water, are spurious and some are not even fit to drink; and

(b) if so, the details thereof and the steps being taken, if any to check this kind of cheating and ensure that only pure drinking water/ mineral water bottle are sold in the market?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) There are no reports from State/UT Governments who are implementing the Prevention of Food Adulteration (PFA) Act, 1954/ Rules, 1955 that mineral water being sold in the market are spurious or unfit to drink.

(b) The Government has proposed to cover both packaged mineral water and packaged drinking water under mandatory certification on Bureau of Indian Standards (BIS) in order to maintain quality of